

Attach photo here  
and complete form in  
BLACK INK.

**Current photo taken within  
the last 12 months**



**APPLICATION FOR ADMISSION**  
Oneida Baptist Institute  
P.O. Box 67  
11 Mulberry Street  
Oneida, Kentucky 40972  
(606) 847-4111

Date \_\_\_\_\_

Filling out this application form does not insure admission, nor does it obligate the applicant before actual enrollment in school. This form should be sent to the school before the applicant desires to enter, and a **non-refundable** application fee of \$35 must be sent before the application will be considered. Please call the Admissions Office (ext. 233) to check the status of your application. **FILL IN ALL BLANKS. HAVE NOTARIZED WHERE INDICATED.**

Student's name in full \_\_\_\_\_ Sex: M F  
First Middle Last

Student's address \_\_\_\_\_  
Street City State Zip  
*(Billing statements and report cards will be sent to above address)*

Student's Birthdate \_\_\_\_\_ Place \_\_\_\_\_  
Month / Day / Year City State Country

Race \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Check one:  Father's  
 Stepfather's Name \_\_\_\_\_ Age \_\_\_\_\_  
(living with student)  
 Guardian's (Relationship to student \_\_\_\_\_)

Occupation \_\_\_\_\_ Firm or Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Check one:  Mother's  
 Stepmother's Name \_\_\_\_\_ Age \_\_\_\_\_  
(living with student)  
 Guardian's (Relationship to student \_\_\_\_\_)

Occupation \_\_\_\_\_ Firm or Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Parents are: Living together \_\_\_ Divorced \_\_\_ Separated \_\_\_ How many children (including applicant) live at home? \_\_\_

Father's/Stepfather's or Mother's/Stepmother's or  
Guardian's gross monthly salary \_\_\_\_\_ Guardian's gross monthly salary \_\_\_\_\_

Amount and source of other monthly income \_\_\_\_\_

*If you cannot be contacted in an emergency, give the name, number, and relationship of the person you want contacted.*

Emergency Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact's Phone Number \_\_\_\_\_ Pager/Cell Phone Number \_\_\_\_\_  
(over)